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tary conditions. The fourth sort of evidence derived from a comparison of the ratio of deaths to cases among the vaccinated and the unvaccinated is not given much space by Dr. Edwardes; but the statistics for Leipsic show a fatality, under 15 years, of 3 per cent among the vaccinated, and 35 per cent among the unvaccinated,—over 15 years, of 9 per cent among the vaccinated, and 44 per cent among the unvaccinated. Altogether the statistical evidence of the protective effect of vaccination is absolutely conclusive; and it has never been better presented than in this little book.

C.-E. A. WINSLOW.

RECENT SANITARY REPORTS.

European Statistics for 1899.

The *Achtzehnter Jahresbericht über die Fortschritte und Leistungen auf dem Gebiete der Hygiene* for 1900 contains, as usual, a summary of vital statistics and, in particular, of German statistics, by Dr. Heimann of Berlin. The comparison of statistics collected in different countries is liable to serious errors, but may often be suggestive and interesting. In excess of births over deaths the Netherlands led the countries tabulated in 1899 with a birth rate of 32.0 and a death rate of 17.1 per 1000; for the German Empire the figures are given as 35.9 and 21.5; for Great Britain, 29.4 and 18.4; and for France, 21.2 and 21.1. It is somewhat surprising that 285 German cities of over 15,000 inhabitants, with a total population of 15,857,035, or 28 per cent of the total for the empire, should have a birth rate of only 34.8 and a death rate of only 21.0, both figures being lower than those for the country as a whole. In the table of Swiss statistics the typhoid death rate of 8 per 100,000 in 1896–98 is a reproach to American communities; even in Massachusetts, the lowest rate ever reached was 19.5 in 1901. Switzerland also makes a fine showing in its municipal statistics, fifteen large cities having a death rate of only 17.6 per 1000 and only 13.4 deaths under 1 year per 100 births. For 33 English cities this last figure is 18.1, and in the German cities it ranges from 15.4 in Frankfurt a. M. to 32.0 in Chemnitz. With respect to the special infectious diseases it is interesting to note that while diphtheria and croup are somewhat more fatal than measles in the country as a whole, yet comparing the cities, only Austria, France, Belgium, and England show more deaths from the latter than from the former disease. For example, in London in 1899 the rate for measles was .62, and that for diphtheria and croup was .45; in Paris the respective figures were .36 and .13. The typhoid death rate in the French cities was very high, .36 per 1000; for English cities the figure of .22 is recorded, and for Austrian, Swiss and Dutch cities the rates are all .11. The great importance of the campaign against tuberculosis is forcibly brought out by a table which shows the deaths from all forms of this disease in the German cities to range between four and six per thousand population, rising in Nürnberg to 8.5.

French Civil and Mititary Statistics.

Dr. Lowenthal in the *Journal de la Société de Statistique de Paris* for May, 1902, criticizes severely the municipal statistics published by the director of public health. Their serious defect arises from the absence of proper regulations to secure registration of the causes of death and from the disinclination of physicians to aid in this work. The death rates from infectious diseases appear at first sight to be remarkably low; for example, the city of Laon with 14,242 inhabitants had in 1894 a record of 1 death from typhoid fever, 2 from diphtheria, 4 from tuberculosis, etc. When it is noticed, however, that out of a total of 404 deaths 288 are recorded as due to "unknown causes," the rarity of infectious diseases is less surprising. In Angers the deaths from "unknown causes" were 1752, the total deaths, 1900; in Poitiers the figures were 625 and 692, and so on. The principal cities of 40 departments have so large a proportion of deaths recorded as due to "unknown causes" or to "other causes" as to vitiate the value of their nosological statistics. Recently, in the *Revue d'Hygiene* for January, 1903, Dr. Lowenthal has exposed a still more insidious fallacy, this time in French military statistics. High authorities have pointed with pride to the reduction which has been going on in the army death rate; and such a reduction is certainly apparent on the face of the returns. As the author shows, however, this decreased death rate has been accompanied by a very much greater increase in the number of retirements upon half-pay. Only by a constantly accelerated elimination of invalids has the death rate in the active list been kept down. While the death rate in 1863–69 was 9.0, and in 1893–1900 only 5.6, the rate of retirement in the first period was 7.0, and in the second, 24.0. The morbidity rate has more or less steadily increased. The same phenomena appear from a study of the individual diseases; for example, while the death rate from tuberculosis is less than two-thirds of what it was thirty years ago, the morbidity rate has increased by about 750 per cent. The special factors in this great sick rate are shown by table of deaths from various diseases whence it appears that typhoid fever is the cause of 236 deaths out of every thousand, tuberculosis of 155, influenza of 82, etc., three-quarters of the deaths being due to zymotic diseases; and the principal cause for the increasing morbidity, according to Dr. Lowenthal, is the lack of a proper physical standard in the selection of recruits.

Maine Board of Health for 1900.

The *Ninth Annual Report upon the Births, Marriages, Divorces, and Deaths in the State of Maine* for 1900 is notable for the adoption of the Bertillon system of nomenclature for recording the causes of death. The advantages from the increasing use of this system are already becoming apparent in the facility with which various reports may be compared. Its main defect, an illogical grouping of the individual diseases under fourteen general heads, is also made clear in this report, where Table 30 gives the deaths by "classes," class totals which combine on the one hand, small-pox and rheumatism; on the other, tetanus and chorea, being, of course, quite meaningless. The statistics of special diseases published by Dr. Young are of unusual value. For each of the more important causes the deaths are tabulated by months, by countries, and by age periods, compared in many cases with the averages for the preceding years; the death rates in the cities are also given separately. As regards more general statistics the report shows the birth rate, 20.30, and the death rate, 16.40, to be about the normal for recent years. The proportion of native-born children is high, the percentage of births in families in which both parents are American being 59.94 for the State and 39.55 for the cities. The figures for the children born of two foreign parents are, respectively, 21.57 and 38.68, the number of births from mixed marriages being in each case smaller. The death rates given in this report are, as above stated, very complete. The rates by age periods falling from 16.31 per cent under 1 year, to 2.21 per cent between 5 and 10 years, rising to 6.97 per cent between 20 and 30, falling between 30 and 40, and slowly rising to 16.27 per cent between 70 and 80, show clearly three of Pearson's periods of maximum mortality. Of the infectious diseases, influenza shows the high death rate of 3.40 per 10,000, and whooping-cough the considerable rate of 1.42, while the rate for diphtheria and croup is only 1.28 (2.93 in the cities). The typhoid rate is 2.43 in the villages and rural towns and 3.64 in the cities, an alarming condition. The registrar points out the incidence of this disease upon the most "active and productive age periods," 81 per cent of the deaths occurring between 10 and 50 years. Four-fifths of the cancer deaths, on the other hand, occur in the second half century of life. The death rates from infantile diarrhœa, 14.84 in the cities, and 7.37 in the villages and rural districts, are significant.

London Statistics.

Dr. Shirley Murphy, the medical officer of health to the London County Council, has recently calculated a new life table for the metropolis based upon the mortality during the last decade. From an abstract in *The Charity Organization Review* for November, 1902, it appears that, comparing this table with that calculated in 1890, the expectation of life at birth has increased for males from 39.85 to 40.98, and for females from 44.18 to 45.33. The May number of the same journal discusses the information obtained from the 1901 census with regard to overcrowding in the metropolis; and if the results are to be trusted they furnish encouraging evidence of social progress. In spite of the fact that one parish in Stepney has a population of 395 persons per acre, the general conditions appear to have improved materially since 1891. The number of persons living in "one-room tenements" has decreased by 20.9 per cent; and while the figure for "two room tenements" has remained almost stationary, the percentages for "three" and "four-room tenements" have increased 13.2 per cent and 16.7 per cent, respectively.

Providence Reports.

The reports prepared by Dr. C. V. Chapin, as superintendent of health and city registrar of Providence, R. I., should be studied by every sanitary official for their completeness, their conciseness, and thier accuracy. The *Nineteenth Annual Report of the Superintendent of Health* contains, as usual, valuable data on the incidence of the infectious diseases by months and at various age periods, with the ratio of cases occurring among persons exposed to infection at different ages. Tables of the yearly deaths from measles and whooping-cough since 1856 are of interest as showing the great irregularity in the incidence of the former disease, 97 deaths in 1900 being followed by 3 in 1901. The *Forty-sixth Annual Report upon the Births, Marriages and Deaths in the city of Providence* for 1901 supplements the report of the health board with an immense amount of valuable information. The careful analysis according to age and race is most helpful, the importance of such discrimination being manifested on the first page by the difference in general death rate between the white and colored population, 19.06 for the former, and 28.88 for the latter. Statistics of deaths by months and age periods according to nativity of parents are also of interest, although liable to error from the lack of data as to the age distribution of the respective populations. Thus the tables show the proportion of the total deaths occurring under 1 year to be larger in the children of American than of foreign parents. The death rate referred to living population at these ages would probably be higher among the foreign born. In Table VIII the ratios for the different causes of death show the same phenomenon. The ratio for diarrhœa and enteritis (2 years and over) is 16.65 for American and 41.54 for the foreign population, whereas the rates for diarrhœa and enteritis (under 2 years) are respectively, 156.53 and 151.75. Obviously the lower rate for infantile diarrhœa among the foreigners is due to a smaller proportion of children. Typhoid fever and tuberculosis are much more fatal among the foreigners; rheumatism and gout, cancer, nervous diseases and heart disease among the native born. The later tables of the individual diseases bring out some interesting points, for example, the double incidence of bronchitis—upon the first two years of life, and again, upon those over sixty years old, the number of persons dying from this disease between 5 and 40 being small. The analysis of births shows a general rate of 26.38, rising to 33.28 among the colored population; still-births are this year omitted from the birth tables in conformity with the best statistical practice. The table of births arranged by the nationality of parents is a striking study of a cosmopolitan American municipality. The percentage of births of American parentage has fallen since 1856 from 42.09 to 27.92, and the births of Irish parentage from 41.79 per cent to 10.88 per cent; since 1886 the births of Italian parentage have risen to 14.72, and those of English, French Canadian, British American, Portuguese, and Scandinavian parentage are each in excess of 2 per cent.

Boston Statistics for 1901.

The *Annual Report of the Registry Department of the city of Boston* for 1901 marks a notable increase in the publication of statistical material, showing 154 pages against 68 in the report for 1900, besides numerous new maps and tables. The statistics in the body of the report contain much valuable material but the failure to calculate ratios in most cases makes them of little general interest in their present form. The ratio between the deaths in each ward and the total deaths in the city are wholly misleading as the ward populations vary from 13,000 to 33,000. It is difficult to see why they should ever have been included. In the appendices to the report the detailed study of the movement of population in each ward, taken in connection with its topography and social conditions, is most suggestive. Three typical cases may be quoted. Ward VI in the North End represents the oldest and most thickly settled region of the city; it has 106.88 persons to the acre and 20.33 to a dwelling, and 59.47 per cent of the population is of foreign birth (Italian, Irish, Russian). The death rate for this ward is 20.27, and the birth rate 45.8; about one-quarter of the deaths occur under one year. Ward XI in the Back Bay is the newest and wealthiest section of the city. Here there are 39.67 persons to the acre and 6.66 to a dwelling, 31.60 per cent of the population being foreign born. The death rate is 15.02, and the birth rate, 12.7; only about one-tenth of the deaths occurring under one year. The relative birth and death-rates furnish a significant comment on the recent discussion inaugurated by President Eliot. Finally, Ward XXIV in Dorchester may be taken as a type of the suburban districts inhabited by the moderately well-to-do. The density of population is 8.55, the number of persons to a dwelling 6.25, the foreign-born population only 27.50 per cent of the total. The death rate is 13.44, and the birth rate 24.3, while the deaths under one amount to about one sixth of the total mortality. Following the ward statistics are tables of births and deaths for fifty years which exhibit a fall in the birth rate between 1850 and 1901 from 38.50 to 28.20 and a corresponding decrease in the death rate from 27.30 to 19.60. A historical résumé traces the growth of the city from an estimated population of 4000 in 1675, and one of 16,382 at the first census of 1742, through the various provincial and United States enumerations. Finally, a study of the composition of the foreign population as shown by the census returns emphasizes certain interesting conditions. Boston in 1900 had still the largest Irish population of any of the large cities although the percentage was only 35.6 against 45.17 in 1890. The second largest group in Boston is that from the British American provinces, amounting to 25.5 per cent of the total population; and next come the Russians, 18,850 in number, or 9.4 of the total.

Annual Report of the Michigan Board of Health.

The *Twenty-ninth Annual Report of the Secretary of the State Board of Health of Michigan* for the year ending June 30, 1901, contains, as usual, three principal sections. The first is an exhaustive review of meteorological conditions in the State, the second, a statistical study of the relation between these conditions and the prevalence of various diseases, and the third, a somewhat detailed examination of the statistics of specific communicable diseases. The general conclusions reached have been somewhat fully reviewed in these columns in connection with previous Michigan reports. It is only necessary to refer to the separation of the "cold weather" diseases, like bronchitis and pneumonia, from diarrhœa and other maladies characteristic of the summer months; and to the graphic demonstration of the effect of disinfection and isolation in the control of epidemics of diphtheria, measles, typhoid fever, etc. The work of the Michigan board has become more and more specialized in the direction of the control of the zymotic diseases by popular education and in certain directions excellent results are apparent. Thus tuberculosis of the lungs appeared on 52 per cent of the physicians' reports in 1890, and on only 25 per cent of them in 1900. The other diseases which have shown marked decrease are pneumonia, from 30 per cent to 16 per cent, "intermittent fever," from 41 to 16 per cent, and "remittent fever," from 27 to 19 per cent. Meanwhile an increase in typhoid fever is balanced by a decrease in "typho-malarial" fever. It will be noted that these figures have no direct relation to the actual amount of disease but represent only percentages of voluntary reports made by physicians. Dr. Baker's ingenuity in obtaining results from such imperfect data should inspire the state of Michigan to an extension and improvement of its system of collecting vital statistics. In 1897, indeed, a new law was enforced which raised the death rate from tuberculosis of the lungs, from 80.6 to 90.1 per 100,000! In this disease the reporting of cases is still very imperfect, the fatality rate for 1900 being 81.6.

National Sanitary Statistics.

The Public Health and Marine Hospital Service of the Treasury Department published last summer a most valuable digest entitled *Mortality Statistics of 1435 Incorporated Places in the United States* for 1901. The table is compiled from answers to a circular letter, and the total population of cities and towns replying amounted to twenty-one million. The total deaths are given in each case, with the deaths from tuberculosis, small-pox, enteric fever, measles, scarlet fever, diphtheria and whooping-cough. The general death rate is calculated, first, as referred to the census population, and second, as referred to the population estimated by the local authorities. The differences are often amusing. Huntsville, Ala., for instance, had a death rate of 7.67 on an estimated population of 15,000, rising to 14.25 on the true population, 8068. Bourbon, Ind., had a rate of 12.86 on an estimated population of 2800, and a rate of 30.33 on the enumerated population of 1187. Everett, Wash., proved to have a population of 7838 instead of 18,000, and a death rate of 20.29 instead of 8.83. For many of the communities included the total population is so small that the rates calculated are erratic; but there is an enormous amount of valuable material included in the twenty-five pages of this table. It would well repay any student of vital statistics to calculate the ratios of the deaths from tuberculosis, enteric fever, etc., to the total deaths or to the enumerated population. It seems a pity, by the way, to introduce the English term, "enteric," when the name of "typhoid fever" has become so well established in this country.

The appearance of this pamphlet suggests the hope that machinery for the proper collection and analysis of sanitary statistics from all over the country may at last be at hand. Surely the Public Health and Marine Hospital Service could perform no more important function. Here and there a state or a city publishes admirable statistics, as, for example, those of the Massachusetts State Board of Health and those of Providence, R. I. The morbidity records of Michigan mark a long step in the right direction; the ward statistics in the Boston Registration Report are most suggestive. Strenuous efforts have been made to improve the mortality returns of Indiana, which, according to the Secretary of the State Board of Health, are "now almost absolutely correct. It seems almost impossible to miss the record of a single death. Our law provides that if any human remains are burried without a permit, it will be the duty of the coroner to disinter, hold an inquest and make a full report of the death. As the coronor gets a fee for every disinterment and inquest, he of course is perpetually on the alert. In addition to this our health officers are subject to a heavy penalty if they do not promptly collect and report mortality statistics." Even some small cities do careful and thorough work. Manchester, N. H., for example, with a population of only 56,000 publishes a monthly statement of morbidity from infectious diseases and of deaths by age, nativity, and cause, with comparative tables for preceding years.

In general, however, it can scarcely be denied that American state and municipal statistics are incomplete and inaccurate. Even those which are good in themselves are often so arranged that they cannot be conveniently correlated and compared. Yet sanitary statistics are the basis upon which sanitary reforms must be founded; and it is as useless to expect a health officer to do his work well without full statistical information as to require a merchant to carry on his business without keeping accounts.

The effects of the excellent English system of registration give some idea of what might be accomplished in this country also. Dr. Newsholme (*Journal of the Royal Statistical Society*, March, 1896) wrote of it as follows: "It is not too much to say that the system of death classification and registration in this country is the foundation on which the great sanitary ameliorations already achieved have been built. The mortality of every district throughout the country has been the subject of analysis. The attention of local authorities has been compelled to any special incidence of deaths in their districts Medical officers of health have been created throughout the country, one of whose chief duties is to draw forcible attention to the local incidence of deaths, and recommend measures tending to decrease the sickness and death rate. Where the local supervision has been lax, or the medical officer's recommendation has not been carried out, the Registrar-General's periodical returns have enabled the medical staff of the Local Government Board to intervene and investigate any local outbreak of fatal diseases. The publicity given to the Registrar-General's weekly, quarterly, and annual reports has evoked a spirit of inquisitiveness, and even of emulation, throughout the country; and although the comparison of death rates of great towns with each other, particularly for short periods, is fraught with fallacies, the general result of the publicity secured and of the consequent efforts on the part of local authorities has been an immense improvement in the public health of the community."

Some such national bureau for the registration of sanitary statistics we must surely have in the United States; whether it is to grow out of the permanent census bureau or the public health and marine-hospital service, does not yet appear.

C.-E. A. WINSLOW.

THE JEWS IN PRUSSIA AND GERMANY.

Mr. Arthur Ruppin has two articles on the *Social Relations of the Jews in Prussia and Germany* in Conrad's *Jahrbücher für Nationalökonomie und Statistik* (March, 1902, p. 374, and June, 1902, p. 760). The study is presented in five chapters, of which the first appears in the leading article and the four following in the second. Chapter one treats of the personal and family relations of the Jews as compared with the Christians. Interesting figures are given for the universal distribution of the Jews, their total population, about 7,500,000, being divided generally into 6,250,000 in Europe, 225,000 in Asia, 500,000 in Africa, and rather less than 500,000 in America. In Europe, the distribution is, in the four greatest groups, 2,225,000 in Russia, 1,125,000 in Austria, over 125,000 in Great Britain, and over 500,000 in Germany. The largest group in Asia is 75,000 in Palestine; in Africa, 200,000 in Morocco; and in America, 350,000 in the United States. With the half million in Germany, Ruppin concerns himself; he shows the growth in Prussia and Germany by a table of which the following is a condensation : —

Year.	Prussia.		Germany.	
	Number of Jews.	Per cent of Total Population.	Number of Jews.	Per cent of Total Population.
1816	124,000	1.19	——	——
1861	255,000	1.38	——	——
1871	325,000	1.32	512,000	1.25
1880	364,000	1.33	562,000	1.24
1890	372,000	1.24	568,000	1.15
1900	392,000	1.14	——	——